

City of Seattle

CLAIM FOR DAMAGES

NOTE:
Type or Print Legibly.
See instructions on back.

CITY USE ONLY
CLAIM NUMBER _____
DATE FILED _____

CLAIMANT	NAME (FIRST - M. - LAST OR BUSINESS NAME) _____	HOME PHONE _____
HOME ADDRESS (NUMBER - STREET - CITY - STATE - ZIP) _____		BUS. PHONE _____

ACCIDENT/LOSS	DATE _____	TIME _____	
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LOCATION/SITE	BE VERY SPECIFIC: STREETS, ADDRESSES, etc. _____	DIAGRAM Use if this will help you locate or describe what happened

WHAT HAPPENED	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE. _____	
		CITY DEPT? _____
		CITY EMPLOYEE(S)? _____
		CITY _____
		VEHICLE NUMBER, LIC., etc. _____

WAS YOUR PROPERTY (home, auto, personal property) DAMAGED?	
<input type="checkbox"/> YES IF SO, THEN FULLY DESCRIBE - SUCH AS AGE, MAKE MODEL, CONDITION, VALUE, OR EXTENT OF DAMAGE. _____ <input type="checkbox"/> NO	

WERE YOU INJURED?	<input type="checkbox"/> YES IF YES, THEN COMPLETE THE FOLLOWING: <input type="checkbox"/> NO
DESCRIBE YOUR INJURY (IDENTIFY YOUR DOCTOR(S)) _____	

DATE OF BIRTH _____	WAGE LOSS <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, THEN RATE OF PAY _____
KIND OF WORK _____	EMPLOYER _____	

AMOUNT CLAIMED	IF UNKNOWN, THEN ENTER "UNKNOWN" _____	\$ _____
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SIGNATURE OF CLAIMANT (AND TITLE, IF A BUSINESS)	<p>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</p> <p>EXECUTED this _____ day of _____, 19____,</p> <p>at _____, _____ County, Washington.</p> <p>_____</p>
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PRESENTATION OF A CLAIM

This official City of Seattle document must be signed, and mailed or delivered.

Mail to:
CITY CLERK'S OFFICE
PO BOX 94728
Seattle, WA 98124-4728

Deliver to:
CITY HALL
600 Fourth Avenue, 3rd Floor
Between James St. & Cherry St.

It is to your advantage to present with your claim relevant supporting documents (receipts, canceled checks, estimates, billings, etc.) or additional evidence (photos, diagrams, etc.). All documents are subject to the Washington State Public Disclosure Statutes.

EXPLANATION OF CLAIMS PROCESS

The day after your Claim is filed in the City Clerk's Office, it is delivered to the Claims Section. The Claim is then assigned to an adjuster who will conduct an investigation which includes a written response from the involved department. The claims section will then evaluate and recommend a reasonable resolution of your Claim, which will be one of three alternatives:

1. Pay a sum of money.
2. Tender - transfer to another party or entity.
3. Deny - where there is no evidence of any negligence by the City.

If you have any questions, then do not hesitate to call the Claims Section at 684-8213.